RECEIVED 610 LOT 4 QUALIFICATION CODE C16-4 ADDRESS (SITE) 2770 ~~Brick Blvd~~ Hooper Ave PERMIT NO. 99-1443

APR 14 199

DIV. C ION

CONSTRUCTION PERMIT APPLICATION

Blockbuster Video

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: BLOCKBUSTER VIDEO - BRICKBLVD & Hooper
2. Name of Owner in Fee: Kennedy Mall Assoc Tel. (201) 986-2800
   Address PO Box 48, Greenville NJ 07935 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: TOMS River Sign & Elec Tel. (732) 477-9660
   Address 65 Capri Dr, Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. Electrical 13465 Exp. Date ____
   Federal Employee No. 22-3451342 FAX: (____) ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work HARRY BOUDDEN
   Tel. (732) 477-9660 FAX (732) 477-9665

3 signs

Cancelled

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	68.-		
2. Electrical		35. ✓		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		3.-		
10. Subtotal				
11. Cert. of Occupancy				
12. Other		30		
13. TOTAL	$	136.-		

NO FEE REQUIRED

APPROVED BY KT DATE 4-29-99

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands: yes ____ no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work	3500-								
2. ☐ New Building		OK	4/14/99		5-4-99	FM			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	500-				5.5.99	MM	6/18/99		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		OK	4/27/99		4/27/99	DL			
TOTAL COSTS	4000-								

5.5.99

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL
1. State Specific Use: M
2. Use Group: ____
3. Change in Use Group, Indicate Former: ____

IMPORTANT
A.H.I.T. - MANDATORY FEE - COMMERCIAL

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1 vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee, and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name TOMS RIVER SIGN & Electric INC

Address 65 CAPRI DRIVE
BRICK, NJ 08723

Telephone (732) 477-9660

Signature Marylou Bowden

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

4-16-99.

Need physical address.

2770 Hooper Ave

In Kennedy Mall

Commercial

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/07/99
Control #
Permit # 99-1443

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE BLOCKBUSTER
3 SIGNS
Owner in Fee KENNEDY MALL ASSOC
Address PO BOX 48
GREENVILLE, NJ 07935-
Telephone (201)966-2800

Contractor TOMS RIVER SIGN & ELECTRIC
Address 65 CAPRI DR
BRICK, NJ 08723-
Telephone (732)840-4700
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3451342

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
2 WALL SIGNS AND 1 ON POLE

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 4,000

Construction Official

05/07/99
Date

PAYMENTS (Office Use Only)

Building	68
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other SPP	30
Total 126	~~106~~
Check No.	3139
Cash	
Collected By	AJP

U.C.C. F170 (rev. 3/98)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/11/99
Date Issued
Control #
Permit # 99-143

A. IDENTIFICATION—APPLICANT: *COMPLETE* ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 670 Lot 3
Work Site Location BLOCKBUSTER VIDEO
BRICK Blvd & HOOPER BRICK (2770)
Owner in Fee Kennedy Mall Assoc.
Address PO Box 48
Greenville, NJ 07935
Tele. (201) 966-2800
Contractor TOMS River Sign & Electric
Address 65 CAPRI DR
BRICK NJ 08723
Tele. (732) 477-9660
Lic. No. or Bldrs. Reg. No. NJ elect. 13465
Federal Emp. No. 22-3451342 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Marylen Bowden

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- Installation of 3 signs =
2 WALL Signs
1 on pole
- Replace of awning w/ blue film strip

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-4-99	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

COMMERCIAL

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

~~BERKELEY TOWNSHIP~~
P.O. Box 'B'
~~Bayville, New Jersey 08721~~

UNIFORM CONSTRUCTION CODE
SUBCODE
TECHNICAL SECTION

Date Received 5/7/99
Date Issued
Control #
Permit # 99-1443

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.

Block 670 Lot 4
Work Site Location BLOCKBUSTER VIDEO BRICK BLVD & Hooper Ave., BRICK, NJ
Owner in Fee Kennedy Mall Assoc.
Address P.O Box 48
Greenville, NJ 07935
Tele. (____)
Contractor TOMS RIVER SIGN & ELECTRIC INC.
Address 65 CAPRI DR
BRICK, NJ 08723
Tele. (732) 477-9660
Lic. No. 13465 NJ elect.
Federal Emp. No. 22-3451342 or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5 5 99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-18-99
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other Signs				
Service				
Final			6-18-99 TC	

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central Heat:	
		oil/gas/elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
3	24 Amps	Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

COMMERCIAL

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

~~BERKELEY TOWNSHIP~~
~~P.O. Box "B"~~
~~Bayville, New Jersey 08721~~

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/7/99
Control #
Permit # 99-1449

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 670 Lot 4
Work Site Location BLOCKBUSTER VIDEO BRICK BLVD & HOOPER AVE., BRICK, NJ
Owner in Fee Kennedy Mall Assoc.
Address P.O. Box 48
Greenville, NJ 07735
Tele. (____)
Contractor TOMS RIVER SIGN & ELECTRIC INC
Address 65 CARRI DR
BRICK, NJ 08723
Tele. (732) 477-9660
Lic. No. 13465 NJ elect.
Federal Emp. No. 22-3451342 or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/5/99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved By: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

H M Bordelon
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
3	24 Amps	Signs	
	____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	____	Other	

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

~~BERKELEY TOWNSHIP~~
~~P.O. Box "B"~~
~~Bayville, New Jersey 08721~~

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/7/99
Control #
Permit # 99-143

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 670 Lot 4
Work Site Location BLOCKBUSTER VIDEO BRICK BLVD & HOOPER AVE., BRICK, NJ
Owner in Fee Kennedy Mall Assoc.
Address P O Box 48
Greenville, NJ 07735
Tele. (____)
Contractor TOMS RIVER SIGN & ELECTRIC INC
Address 65 CAPRI DR
BRICK, NJ 08723
Tele. (732) 477-9660
Lic. No. 13465 NJ elect.
Federal Emp. No. 22-3451342 or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/5/99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved By: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

H M Bruder
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
3	24 AMPS	Signs	
	____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	____	Other	

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. (____) _____
Contractor _____
Address _____
_____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B

1 White = Inspector Copy
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3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. (___) _____
Contractor _____
Address _____
_____
Tele. (___) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B

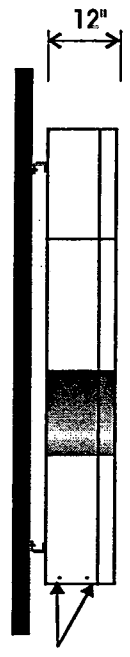
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

NORTH ELEVATION (HOOPER BLVD.)

SCALE: 1/8"=1'-0"

* Changing sign to Read like this *

RECEIVED
MAY 07 1999
DIV. OF INSPECTION



END VIEW
B50-SF

FACE SPECIFICATIONS

FLEXIBLE SIGN FACE	3M	SIGNTECH
YELLOW COPY W/ BLACK OUTLINE YELLOW LINES AND BORDER	#005-G	#1090
BLUE BACKGROUND	#003-G	#2930

CABINET SPECIFICATIONS

10" DEEP AE-96 EXTRUDED ALUMINUM FILLER WITH 2" X 4" X .063 ALUMINUM RETAINER

PAINT FILLER AND RETAINERS POLYURETHANE ENAMEL TO MATCH #1090 YELLOW

22 GAUGE SHEET METAL BACK

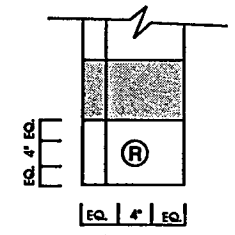
HINGE FACE FOR SERVICE

ELECTRICAL SPECIFICATIONS

(10) F60T12CWHO LAMPS
(2) 256-372-100 BALLASTS @ 2.0 AMPS EACH

(1) 256-464 BALLAST @ 2.4 AMPS
6.4 TOTAL AMPS
(1) 120 VOLT 20 AMP CIRCUIT REQD.

2" X2" X 3/16" ANGLE IRON CONT. ACROSS TOP & BOTTOM OF BACK- MOUNT TO WALL W/ GALV. CLIPS



® DETAIL

* BLACK VINYL ® LOCATED @ BOTTOM RIGHT FILLER

Chandler Signs
3201 MANOR WAY 214-902-2000
DALLAS, TX 75235 FAX 214-902-2044

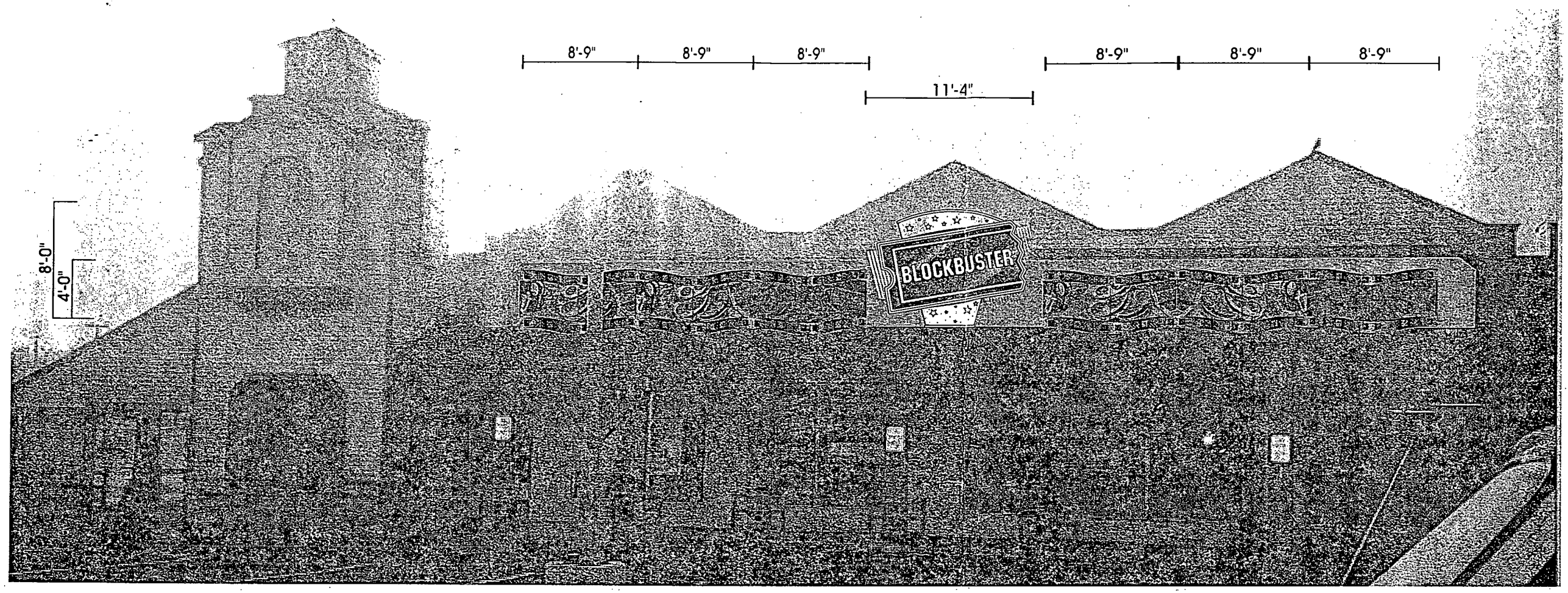
APPROVED BY	DATE
SALES	5/3/99
ART DEPT. RNS	5/3/99
ESTIMATING JRH	5/3/99
ENGINEERING	
CLIENT	
LANDLORD	

DISTRIBUTION OF PRINTS					
MASTER	☐	FILE	☐	HEAT TRANS.	☐
ELECTRICAL	☐	PLEX	☐	AWN. ASMBLY.	☐
STOCKROOM	☐	PAINT	☐	INSTALL	☐
CUSTOM	☐	VINYL	☐	PATTERNS	☐
ALUMINUM	☐	NEON	☐	LTR. ASSEMBLY	☐
CHNL. LTR.	☐	SCREEN	☐	_____	☐
ASSEMBLY	☐	AWNING	☐	_____	☐
CAD	☐	CAM	☐	TOTAL _____	

BILL OF MATERIALS	REVISIONS
	#1- 4/3 RMVE CONE / MURAL ON NORTH

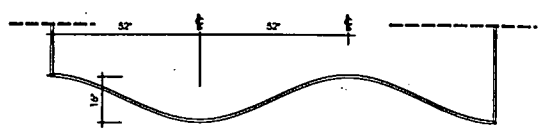
BLOCKBUSTER

DESIGN # 99-1124r1	WK ORDER#
BRICK @ HOOPER BRICK, NJ.	STORE# 22051
DATE 4/9/99	SALES REP. W.F. / MC
SHEET 1 OF 3	DESIGNER R. SAFFLE

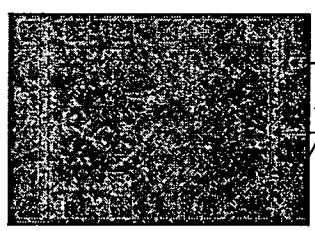


WEST ELEVATION (BRICK BLVD.)

SCALE:1/8"=1'-0"



TOP VIEW WAVE FORM N.T.S.

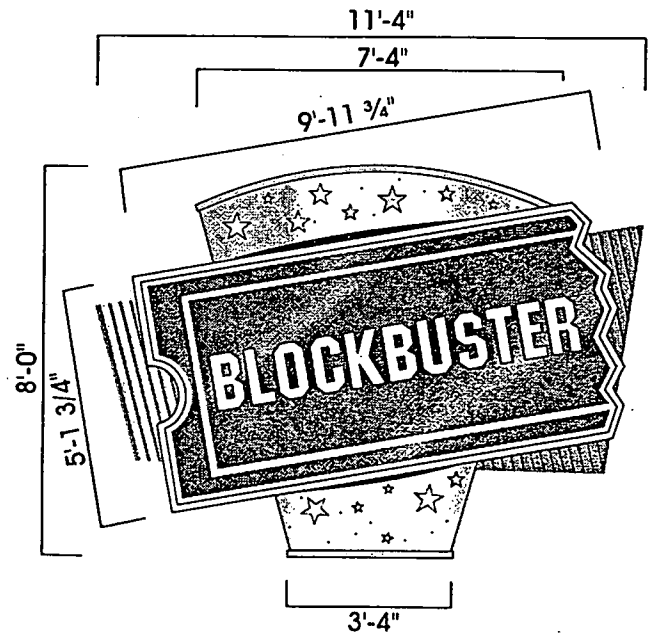


NOTE - MURAL APPLICATION 1ST SURFACE OF BLADE

.125"LEXAN FACE W/ 1ST SURFACE VINYL SCREENED MURAL

LEXAN FACE ATTACHED AT EA. VERT FACE MEMBER W/ (3) #64 POP-RIVETS INTO 1"X2" VERT. FACE MEMBERS @ 12" O.C. AND INTO PERIMETER FRAME TOP & BOTTOM @ 13" O.C.

FACE DETAIL N.T.S.



ELEVATION scale = 1/4"=1'-0"

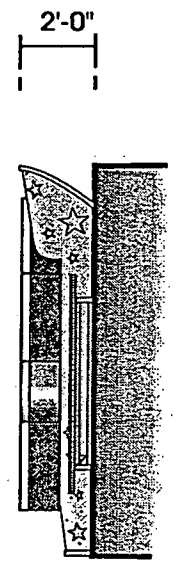
.080 FABRICATED CONE P.T.M. SW 1370 PROVINCIAL GOLD W/ DANTEX FINISH

1.1875" THICK KOMACEL STARS IN (3) DIFF. SIZES P.T.M. #1090 YELLOW

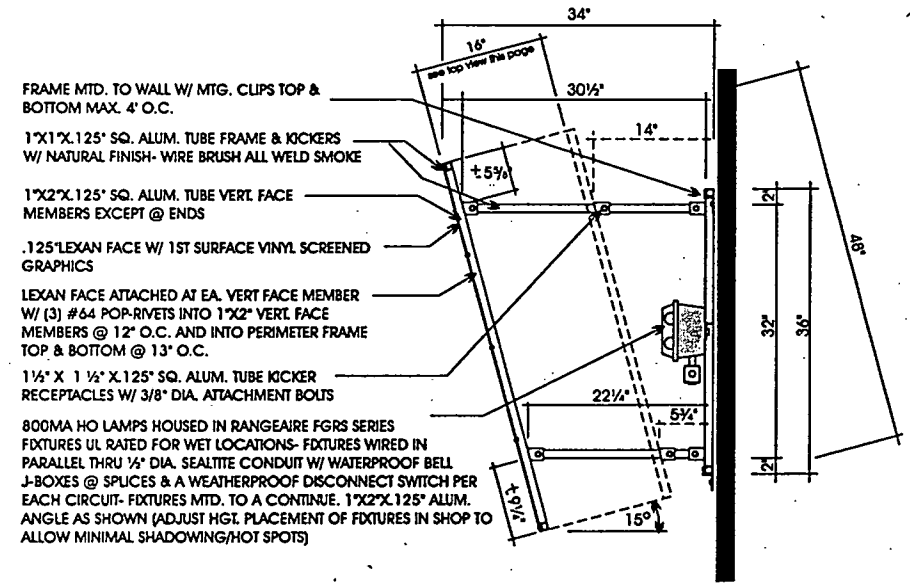
20 ga. GALVANIZED METAL DECORATIVE PIECES W/ NATURAL FINISH POP-RIVETTED TO 1" SQ. TUBE FRAME

STANDARD 5' X 10' S/F FLUORESCENT TUBE ILLUMINATED TICKET W/ LEXAN FACE W/ 2ND SURFACE VINYL GRAPHICS FILLER P.T.M. #2930 BLUE W/ #1090 YELLOW RETAINERS

FIBER OPTIC FERRULES RANDOMLY LOCATED THROUGHOUT CONE



SIDE VIEW



FRAME MTD. TO WALL W/ MTG. CLIPS TOP & BOTTOM MAX. 4' O.C.

1"X1"X.125" SQ. ALUM. TUBE FRAME & KICKERS W/ NATURAL FINISH- WIRE BRUSH ALL WELD SMOKE

1"X2"X.125" SQ. ALUM. TUBE VERT. FACE MEMBERS EXCEPT @ ENDS

.125"LEXAN FACE W/ 1ST SURFACE VINYL SCREENED GRAPHICS

LEXAN FACE ATTACHED AT EA. VERT FACE MEMBER W/ (3) #64 POP-RIVETS INTO 1"X2" VERT. FACE MEMBERS @ 12" O.C. AND INTO PERIMETER FRAME TOP & BOTTOM @ 13" O.C.

1½" X 1½" X.125" SQ. ALUM. TUBE KICKER RECEPTACLES W/ 3/8" DIA. ATTACHMENT BOLTS

800MA HO LAMPS HOUSED IN RANGEAIRE FGRS SERIES FIXTURES UL RATED FOR WET LOCATIONS- FIXTURES WIRED IN PARALLEL THRU ½" DIA. SEALTITE CONDUIT W/ WATERPROOF BELL J-BOXES @ SPLICES & A WEATHERPROOF DISCONNECT SWITCH PER EACH CIRCUIT- FIXTURES MTD. TO A CONTINUE. 1"X2"X.125" ALUM. ANGLE AS SHOWN (ADJUST HGT. PLACEMENT OF FIXTURES IN SHOP TO ALLOW MINIMAL SHADOWING/HOT SPOTS)

4' FILM MURAL SECTION SCALE:1/2"=1'-0"

Chandler Signs
3201 MANOR WAY 214-902-2000
DALLAS, TX 75235 FAX 214-902-2044

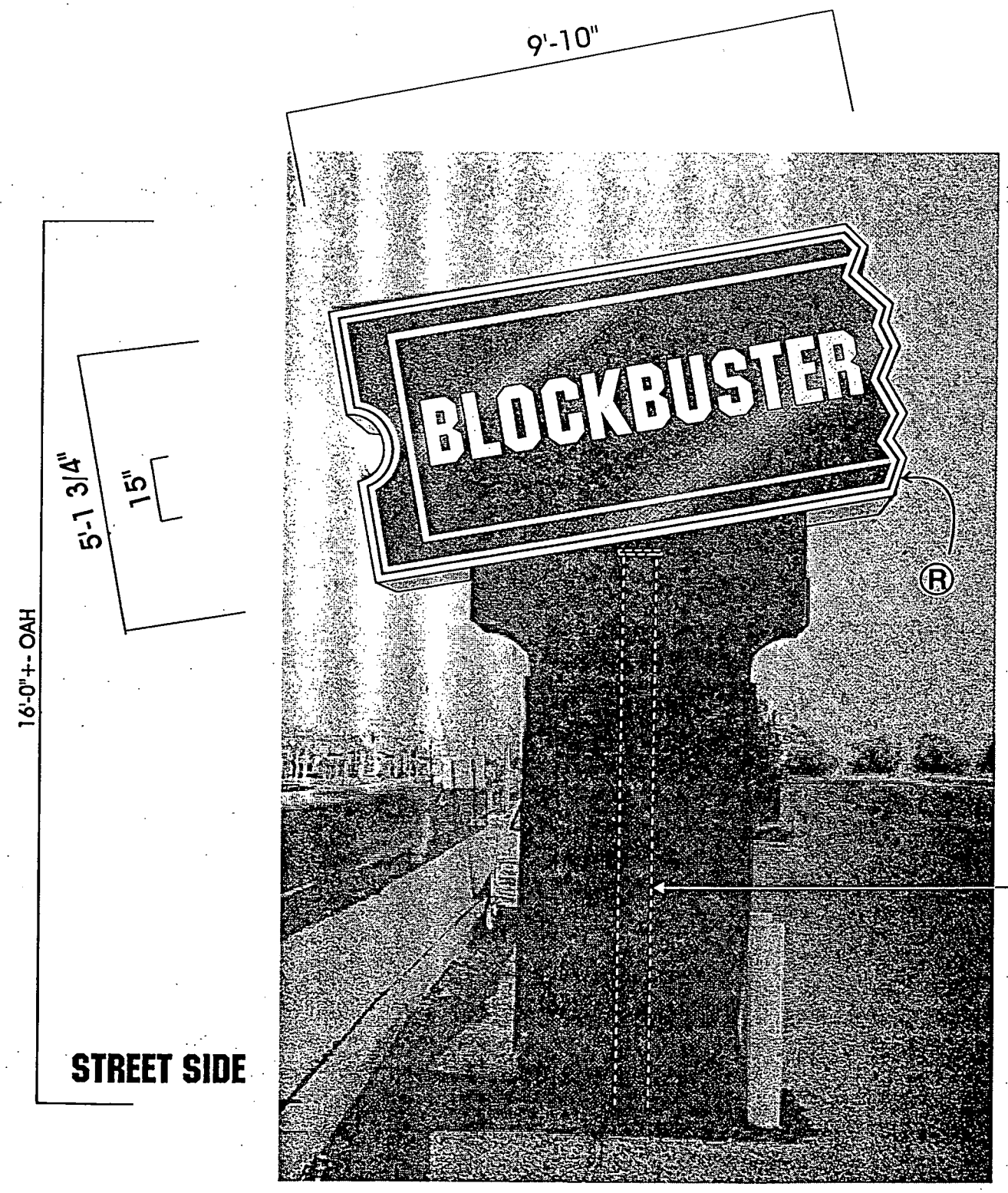
APPROVED BY	DATE
SALES	3/31/99
ART DEPT.	4.2.99
ESTIMATING	5/3
ENGINEERING	
CLIENT	
LANDLORD	

DISTRIBUTION OF PRINTS					
MASTER	☐	FILE	☐	HEAT TRANS.	☐
ELECTRICAL	☐	PLEX	☐	AWN. ASMBLY.	☐
STOCKROOM	☐	PAINT	☐	INSTALL	☐
CUSTOM	☐	VINYL	☐	PATTERNS	☐
ALUMINUM	☐	NEON	☐	LTR. ASSEMBLY	☐
CHNL. LTR.	☐	SCREEN	☐	_____	☐
ASSEMBLY	☐	AWNING	☐	_____	☐
CAD	☐	CAM	☐	TOTAL _____	

BILL OF MATERIALS

REVISIONS
#1- 4/3 RMVE CONE / MURAL ON NORTH

DESIGN # 99-1124R1	WK ORDER#
BRICK @ HOOPER	
BRICK, NJ.	**STORE# 22051**
DATE 4/9/99	SALES REP. W.F. / MC
SHEET 2 OF 3	DESIGNER R. SAFFLE



D/F PYLON

SCALE:1/2"=1'-0"

REMOVE EXISTG. SIGN CABINET

MANF. & INSTALL (1) NEW D/F TICKET CABINET & INSTALL TO EXISTG. SUPPORT

FLEXIBLE SIGN FACE	3M	SIGNTECH
YELLOW COPY W/ BLACK OUTLINE YELLOW STRIPE & BORDER	#005-G	#1090
BLUE BACKGROUND	#003-G	#2930

CABINET SPECIFICATIONS

AE-96 ALUMINUM FILLER WITH
2" X 4" X .063 ALUMINUM RETAINERS.
PRIME AND PAINT TO MATCH
#1090 YELLOW

ELECTRICAL SPECIFICATIONS

(9) F60T12CWHO LAMPS
(1) 256-464 BALLAST @
2.4 AMPS.
(1) 256-372-100 BALLAST @
2.0 AMPS
(1) 256-272 BALLAST @
1.35 AMPS
5.75 TOTAL AMPS
(1) 120 VOLT 20 AMP
CIRCUIT REQ'D.

SUPPORT SPECIFICATIONS

NEW SIGN TO ATTACH TO EXISTG. SUPPORT

EXISTG. 7" SQ. TUBE (¼" THK. WALL) @ 10' OAH W/ 16" X 16" X ½" THK. MNTG. PLATE

Chandler Signs
3201 MANOR WAY 214-902-2000
DALLAS, TX 75235 FAX 214-902-2044

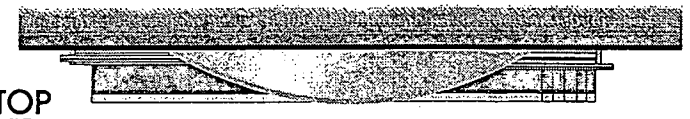
APPROVED BY	DATE
SALES	5/3/99
ART DEPT.	6.3.99
ESTIMATING	5/3
ENGINEERING	
CLIENT	
LANDLORD	

DISTRIBUTION OF PRINTS					
MASTER	☐	FILE	☐	HEAT TRANS.	☐
ELECTRICAL	☐	PLEX	☐	AWN. ASMBLY.	☐
STOCKROOM	☐	PAINT	☐	INSTALL	☐
CUSTOM	☐	VINYL	☐	PATTERNS	☐
ALUMINUM	☐	NEON	☐	LTR. ASSEMBLY	☐
CHNL. LTR.	☐	SCREEN	☐	_____	☐
ASSEMBLY	☐	AWNING	☐	_____	☐
CAD	☐	CAM	☐	TOTAL _____	

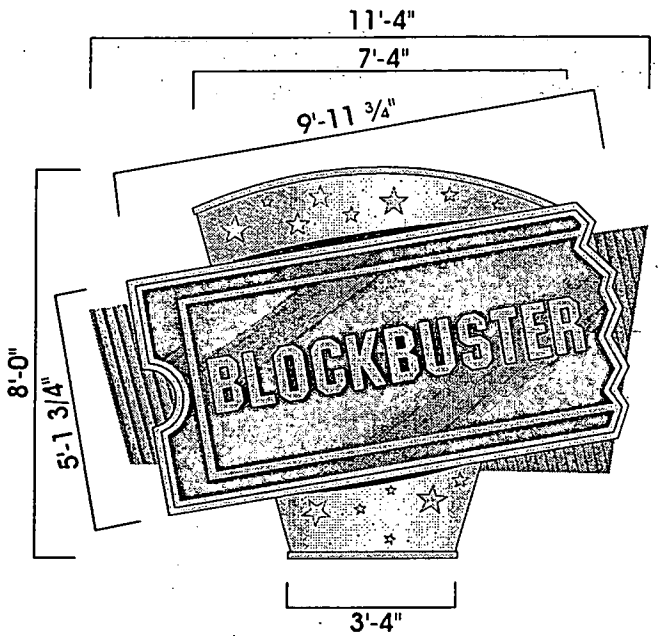
BILL OF MATERIALS	REVISIONS
	#1- 4/3 RMVE CONE / MURAL ON NORTH

BLOCKBUSTER

DESIGN # 99-1124R1	WK ORDER#
BRICK @ HOOPER BRICK, NJ.	STORE# 22051
DATE 4/9/99	SALES REP. W.F. / MC
SHEET 3 OF 3	DESIGNER R. SAFFLE



TOP VIEW



ELEVATION scale = 1/4"=1'-0"

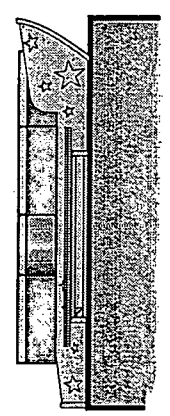
.080 FABRICATED CONE P.T.M. SW 1370 PROVINCIAL GOLD W/ DANTEX FINISH

1.1875" THICK KOMACEL STARS IN (3) DIFF. SIZES P.T.M. #1090 YELLOW

20 ga. GALVANIZED METAL DECORATIVE PIECES W/ NATURAL FINISH POP-RIVETTED TO 1" SQ. TUBE FRAME

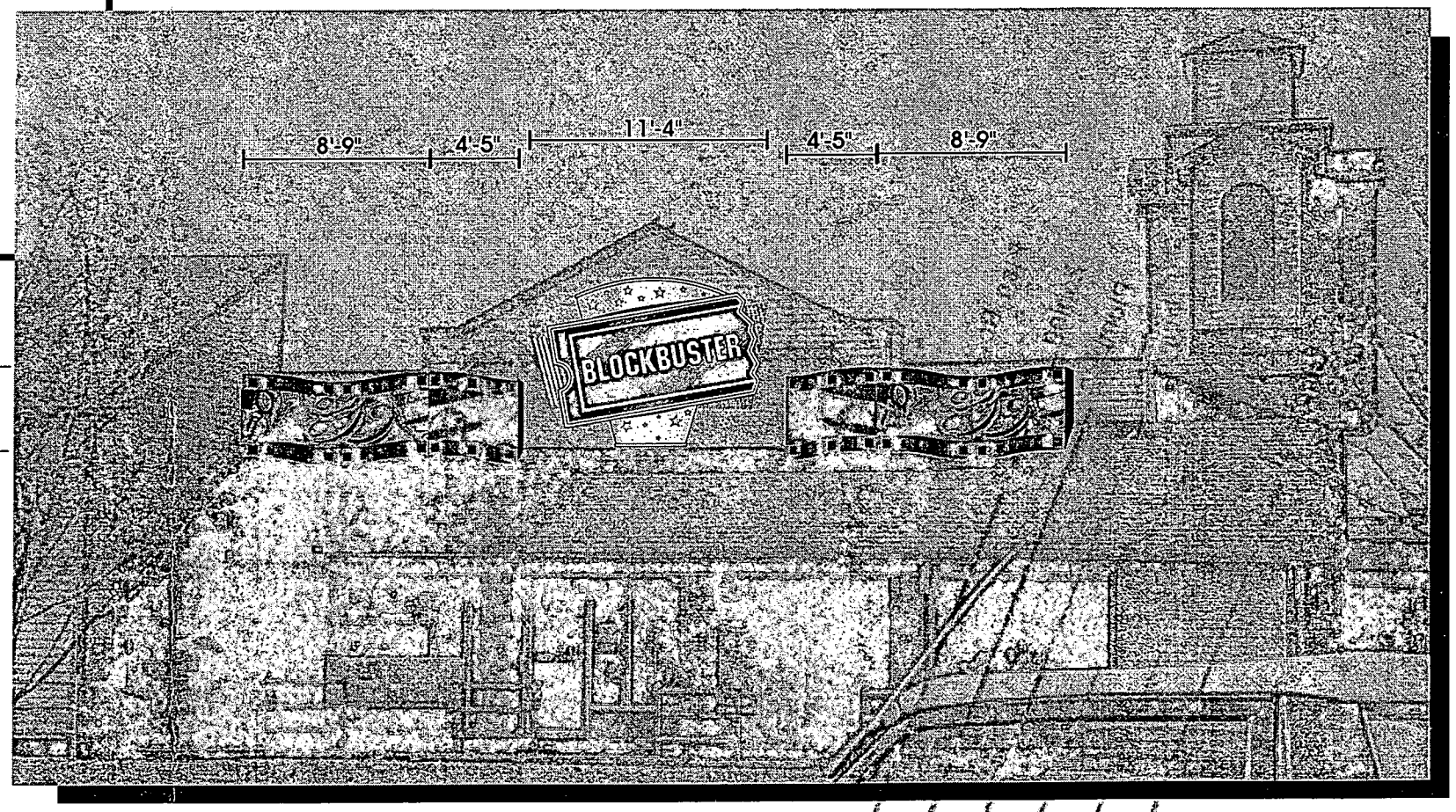
STANDARD 5' X 10' S/F FLUORESCENT TUBE ILLUMINATED TICKET W/ LEXAN FACE W/ 2ND SURFACE VINYL GRAPHICS FILLER P.T.M. #2930 BLUE W/ #1090 YELLOW RETAINERS

FIBER OPTIC FERRULES RANDOMLY LOCATED THREW OUT CONE



SIDE VIEW

* SEE change in plan dtd 5/7/99 for north elevation *



NORTH ELEVATION (HOOPER BLVD.) SCALE:1/8"=1'-0"

FILM MURAL TO BE INSTALLED ACROSS SLANTED ROOF W/ ADEQUATE SPACE TO ALLOW FOR DRAINAGE IN BAD WEATHER CONDITIONS

ALL MOUNTING THRU FASCIA AREAS ONLY

1"X1"X.125" SQ. ALUM. TUBE FRAME & KICKERS W/ NATURAL FINISH- WIRE BRUSH ALL WELD SMOKE

1"X2"X.125" SQ. ALUM. TUBE VERT. FACE

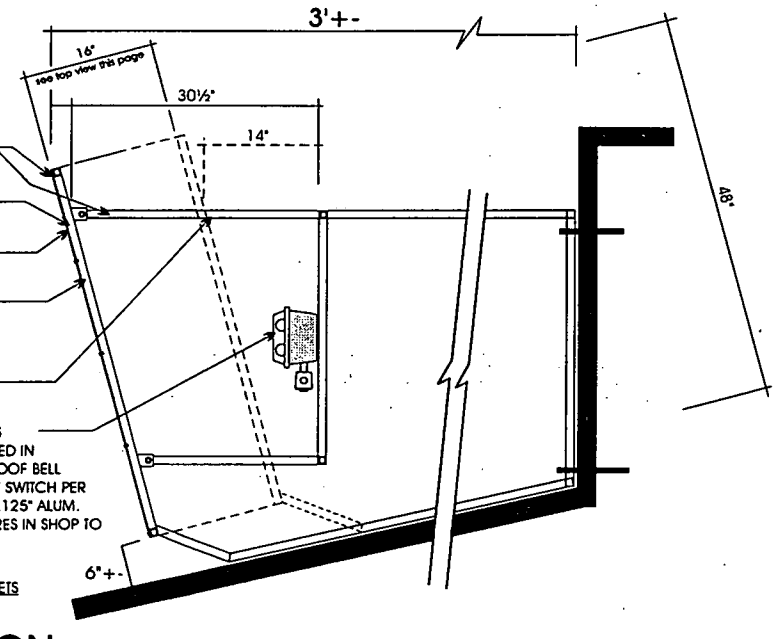
.125"LEXAN FACE W/ 1ST SURFACE VINYL SCREENED GRAPHICS

LEXAN FACE ATTACHED AT EA. VERT FACE MEMBER W/ (3) #64 POP-RIVETS INTO 1"X2" VERT. FACE MEMBERS @ 12" O.C. AND INTO PERIMETER FRAME TOP & BOTTOM @ 13" O.C.

1½" X 1 ½" X.125" SQ. ALUM. TUBE KICKER RECEPTACLES W/ 3/8" DIA. ATTACHMENT BOLTS

800MA HO LAMPS HOUSED IN RANGEAIRE FGRS SERIES FIXTURES UL RATED FOR WET LOCATIONS- FIXTURES WIRED IN PARALLEL THRU ½" DIA. SEALTITE CONDUIT W/ WATERPROOF BELL J-BOXES @ SPLICES & A WEATHERPROOF DISCONNECT SWITCH PER EACH CIRCUIT- FIXTURES MTD. TO A CONTINUE. 1"X2"X.125" ALUM. ANGLE AS SHOWN (ADJUST HGT. PLACEMENT OF FIXTURES IN SHOP TO ALLOW MINIMAL SHADOWING/HOT SPOTS)

END CAP REQUIRED TO COVER ALL MOUNTING BRACKETS



4' FILM MURAL SECTION SCALE:1/2"=1'-0"

Chandler Signs
3201 MANOR WAY 214-902-2000
DALLAS, TX 75235 FAX 214-902-2044

APPROVED BY	DATE
SALES	
ART DEPT.	
ESTIMATING	
ENGINEERING	
CLIENT	
LANDLORD	

DISTRIBUTION OF PRINTS					
MASTER	☐	FILE	☐	HEAT TRANS.	☐
ELECTRICAL	☐	PLEX	☐	AWN. ASMBLY.	☐
STOCKROOM	☐	PAINT	☐	INSTALL	☐
CUSTOM	☐	VINYL	☐	PATTERNS	☐
ALUMINUM	☐	NEON	☐	LTR. ASSEMBLY	☐
CHNL. LTR.	☐	SCREEN	☐	_____	☐
ASSEMBLY	☐	AWNING	☐	_____	☐
CAD	☐	CAM	☐	TOTAL _____	

BILL OF MATERIALS	REVISIONS

BLOCKBUSTER

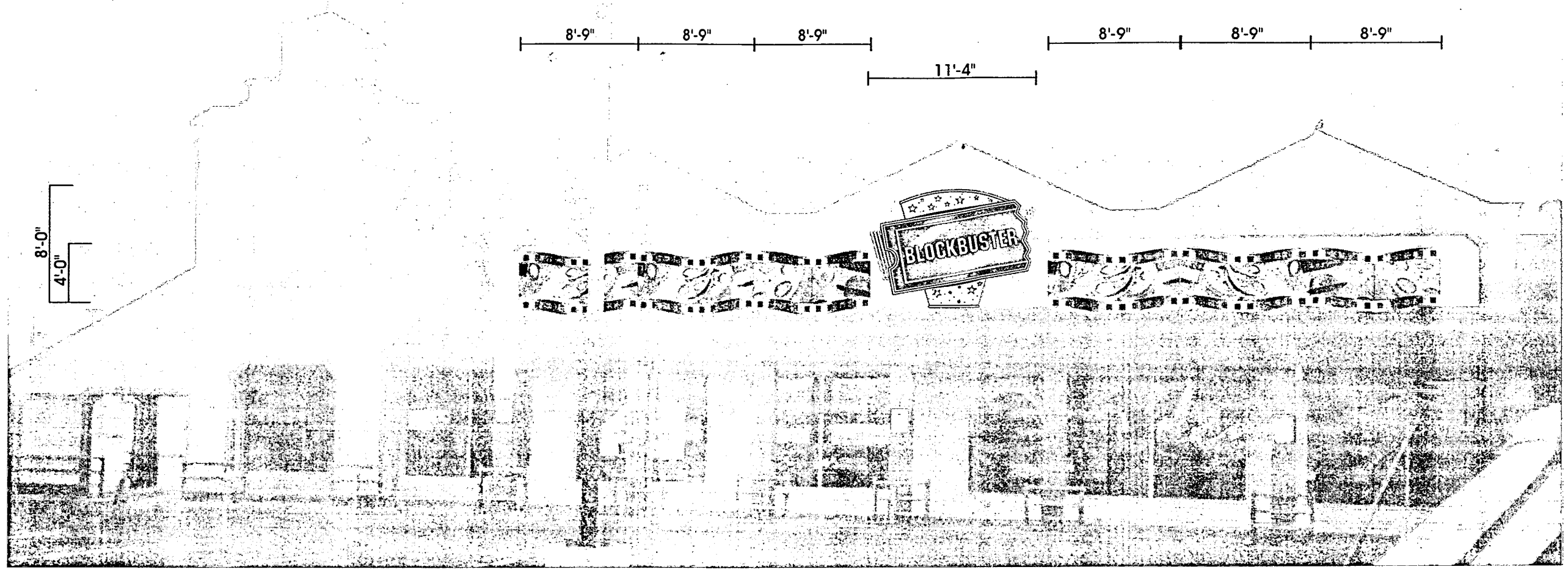
DESIGN # 99-1124	WK ORDER#

BRICK @ HOOPER
BRICK, NJ. STORE# 22051

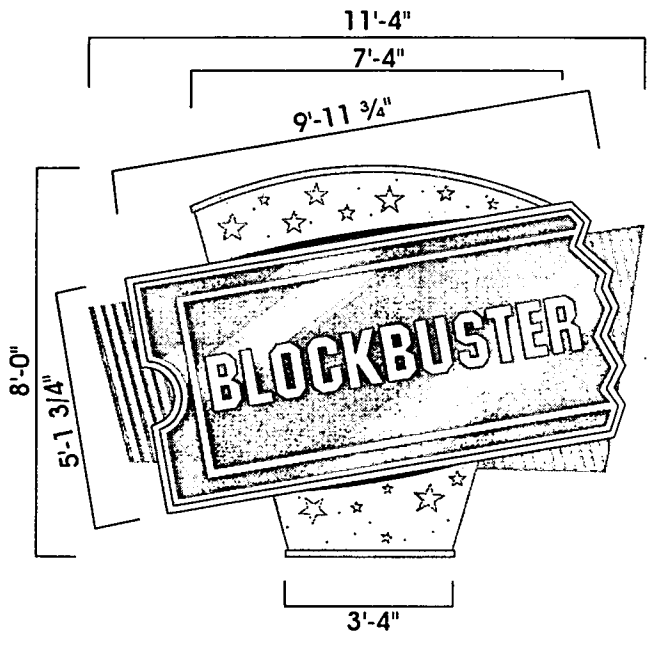
DATE 4/9/99	SALES REP. W.F. / MC
SHEET 1 OF 3	DESIGNER R. SAFFLE

BRICK TOWNSHIP

	Class	Date	By
Plan Review			
Zoning	replace sign	4/21/99	MC
Plumbing			
Building		5-4-99	FM
Fire			
Energy			
Electrical			



WEST ELEVATION (BRICK BLVD.)



ELEVATION scale = 1/4"=1'-0"

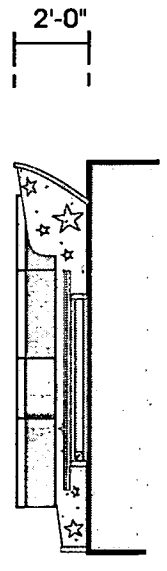
.080 FABRICATED CONE P.T.M. SW 1370 PROVINCIAL GOLD W/ DANTEX FINISH

1.1875" THICK KOMACEL STARS IN (3) DIFF. SIZES P.T.M. #1090 YELLOW

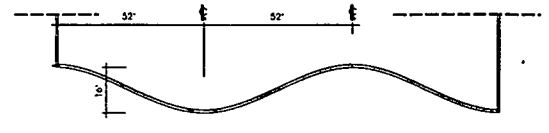
20 ga. GALVANIZED METAL DECORATIVE PIECES W/ NATURAL FINISH POP-RIVETTED TO 1" SQ. TUBE FRAME

STANDARD 5' X 10' S/F FLUORESCENT TUBE ILLUMINATED TICKET W/ LEXAN FACE W/ 2ND SURFACE VINYL GRAPHICS FILLER P.T.M. #2930 BLUE W/ #1090 YELLOW RETAINERS

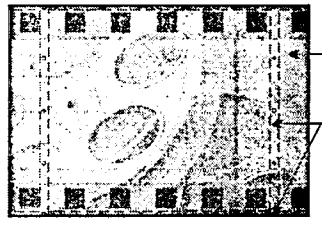
FIBER OPTIC FERRULES RANDOMLY LOCATED THREW OUT CONE



SIDE VIEW



TOP VIEW WAVE FORM N.T.S.



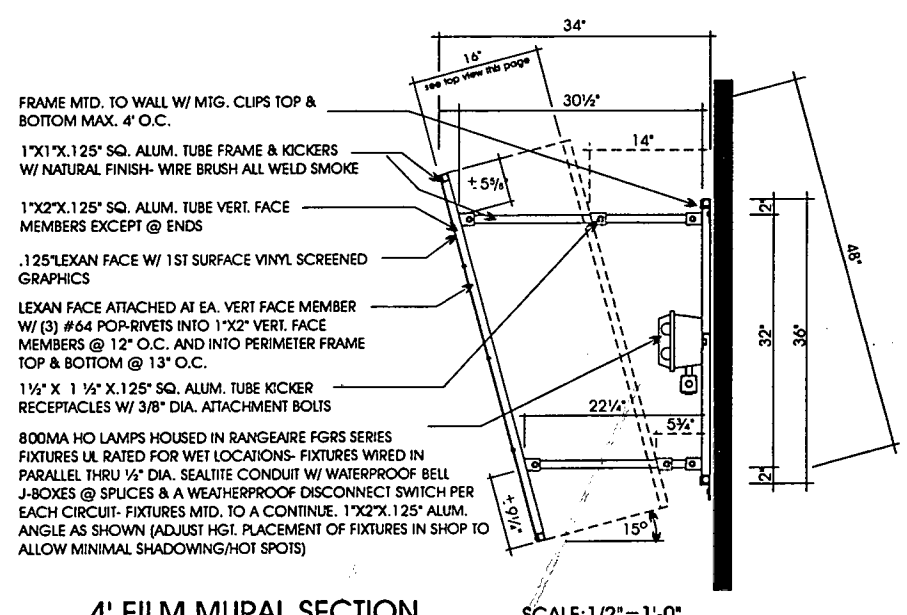
NOTE - MURAL APPLICATION 1ST SURFACE OF BLADE

.125"LEXAN FACE W/ 1ST SURFACE VINYL SCREENED MURAL

LEXAN FACE ATTACHED AT EA. VERT FACE MEMBER W/ (3) #64 POP-RIVETS INTO 1"X2" VERT. FACE MEMBERS @ 12" O.C. AND INTO PERIMETER FRAME TOP & BOTTOM @ 13" O.C.

FACE DETAIL N.T.S.

SCALE:1/8"=1'-0"



4' FILM MURAL SECTION SCALE:1/2"=1'-0"

Chandler Signs
3201 MANOR WAY 214-902-2000
DALLAS, TX 75235 FAX 214-902-2044

APPROVED BY	DATE
SALES	
ART DEPT.	
ESTIMATING	
ENGINEERING	
CLIENT	
LANDLORD	

DISTRIBUTION OF PRINTS					
MASTER	☐	FILE	☐	HEAT TRANS.	☐
ELECTRICAL	☐	PLEX	☐	AWN. ASMBLY.	☐
STOCKROOM	☐	PAINT	☐	INSTALL	☐
CUSTOM	☐	VINYL	☐	PATTERNS	☐
ALUMINUM	☐	NEON	☐	LTR. ASSEMBLY	☐
CHNL. LTR.	☐	SCREEN	☐	_____	☐
ASSEMBLY	☐	AWNING	☐	_____	☐
CAD	☐	CAM	☐	TOTAL _____	

BILL OF MATERIALS	REVISIONS

DESIGN # 99-1124B	WK ORDER#
BRICK @ HOOPER BRICK, NJ.	**STORE# 22051**
DATE 4/9/99	SALES REP. W.F. / MC
SHEET 2 OF 3	DESIGNER R. SAFFLE

BRICK TOWNSHIP

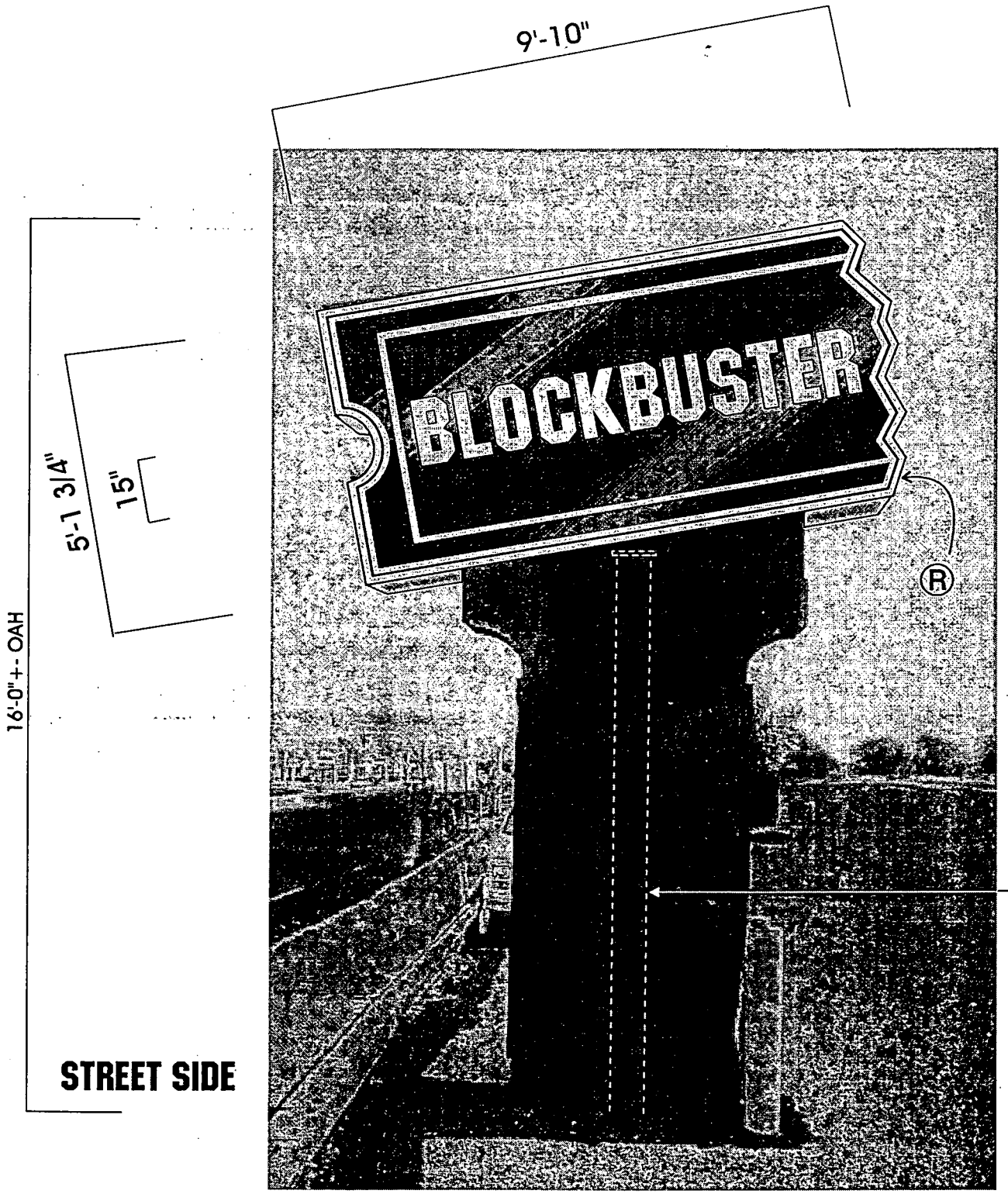
Plan Review Class Date By

Zoning replace sign 4/21/99 SC

Plumbing

Building 5-4-99 FM

Fire



STREET SIDE

STORE SIDE

D/F PYLON

SCALE:1/2"=1'-0"

REMOVE EXISTG. SIGN CABINET

MANF. & INSTALL (1) NEW D/F TICKET CABINET & INSTALL TO EXISTG. SUPPORT

FLEXIBLE SIGN FACE	3M	SIGNTECH
YELLOW COPY W/ BLACK OUTLINE YELLOW STRIPE & BORDER	#005-G	#1090
BLUE BACKGROUND	#003-G	#2930

CABINET SPECIFICATIONS

AE-96 ALUMINUM FILLER WITH
2" X 4" X .063 ALUMINUM RETAINERS.
PRIME AND PAINT TO MATCH
#1090 YELLOW

ELECTRICAL SPECIFICATIONS

(9) F60T12CWHO LAMPS
(1) 256-464 BALLAST @
2.4 AMPS.
(1) 256-372-100 BALLAST @
2.0 AMPS
(1) 256-272 BALLAST @
1.35 AMPS
5.75 TOTAL AMPS
(1) 120 VOLT 20 AMP
CIRCUIT REQ'D.

SUPPORT SPECIFICATIONS

NEW SIGN TO ATTACH TO EXISTG. SUPPORT

EXISTG. 7" SQ. TUBE (¼" THK. WALL) @ 10' OAH W/ 16" X 16" X ½" THK. MNTG. PLATE

Chandler Signs
3201 MANOR WAY 214-902-2000
DALLAS, TX 75235 FAX 214-902-2044

APPROVED BY	DATE
SALES	
ART DEPT.	
ESTIMATING	
ENGINEERING	
CLIENT	
LANDLORD	

DISTRIBUTION OF PRINTS					
MASTER	☐	FILE	☐	HEAT TRANS.	☐
ELECTRICAL	☐	PLEX	☐	AWN. ASMBLY.	☐
STOCKROOM	☐	PAINT	☐	INSTALL	☐
CUSTOM	☐	VINYL	☐	PATTERNS	☐
ALUMINUM	☐	NEON	☐	LTR. ASSEMBLY	☐
CHNL. LTR.	☐	SCREEN	☐	_____	☐
ASSEMBLY	☐	AWNING	☐	_____	☐
CAD	☐	CAM	☐	TOTAL _____	

BILL OF MATERIALS	REVISIONS

BLOCKBUSTER

DESIGN # 99-1124B	WK ORDER#

BRICK @ HOOPER
BRICK, NJ. **STORE# 22051**

DATE 4/9/99	SALES REP. W.F. / MC
SHEET 3 OF 3	DESIGNER R. SAFFLE

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning	replace signs	4/21/99	JK
Plumbing			
Building		5-4-99	FM
Fire			
Engineering			
Electrical			

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: April 21, 1999 No. 1999-0512

Block 670 Lot 4 Zone: B-3, H.D.

Property Address: Brick Boulevard, Kennedy Mall

Owner: Kennedy Mall Associates Phone:

Applicant: Marylou Bowden Phone: 477-9660

Existing Use: Blockbuster Video Store

Proposed Use: Same

Proposed Construction: Replace signs, new design:
Two wall signs, 8' x 11'4"
Ground sign, 5'2" x 9'10", 16' high

Conditions:

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean P. Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 670 LOT 4

PROPERTY ADDRESS Kennedy PLAZA BRICK BLVD BLOCKBUSTER VIDEO

NAME OF OWNER Kennedy Plaza Assoc. OWNER'S PHONE ( )

NAME OF APPLICANT BlockBuster Video / Marylou Bowden

APPLICANT'S COMPLETE ADDRESS Brick Blvd & Hooper Ave, Brick, NJ 08723

APPLICANT'S PHONE NUMBER (732) 477-9660 APPLICANT'S BUSINESS NAME BlockBuster Video

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Video Store

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Same

☐ Other (please describe) _____

PROPOSED CONSTRUCTION replacing SIGNS

All Dimensions Wall 2' W 11'4" L 8' Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

Freestanding ~~25"~~ 5'12" W 9'10" L ~~5'1 3/4" Ht~~ 16'

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustment, include copy of resolution

UNCONFIRMED

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant Marylou Bowden Date 4/13/99

Reviewed by Zoning Officer Date 4-21-99

☒ Approved ☐ Rejected

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 4/13/99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 670 Lot: 4

I, BLOCKBUSTER VIDEO (name) of Kennedy Plaza, Brick (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

Marylin Bruder
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 4/27/99 By: J D

Rejected Date: _____ By: _____

Remarks: _____

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # 011-4 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ [illegible] Date 4-25-07

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY KT DATE 4-25-07

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:
Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: _____

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
(Residential/Commercial)

APPLICANT _____ CITY & STATE _____

❒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

❒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold